ASHP CLINICAL SKILLS COMPETITION
PHARMACIST'S PATIENT DATA BASE FORM

Demographic and Administrative Information

Name:	**JL**
Address:	**22551 Summer St**
	Overland, KS
Date of Birth:	**2/27/1969 (age 32)**
Height: **71"**	Weight: **84 kg**
Admission Date:	**5/3/01**

Patient ID	**001008**	Room No. **SS32**
MD	**Eliason**	
Pharmacy	**Multiple**	
Race	**Caucasian**	Gender: **M**
Religion	**not specified**	
Occupation	**Construction**	

History of Present Illness

A patient with a history of asthma since childhood. Patient reports not requiring maintenance medications for some time. Patient reports needing to use Proventil inhaler periodically requiring several visits to MD. Patient presented to emergency room this afternoon after mowing lawn and experiencing an increased difficulty in breathing. Patient realized inhaler was empty and went to pharmacy for refill. Pharmacist immediately referred patient to the emergency room. Patient was unable to complete sentences and was tachypneic and diaphoretic. Patient is on day 3 of 7 of a prescription for sinusitis. In the emergency room, the patient received albuterol nebs X 3 and an injection of methylprednisolone 125 mg.

Vital Signs and Laboratory Data

Date	5/3	5/4
Wt	84 kg	
Temp	37.1°C	37.0°C
BP	120/73	128/72
Pulse	120	95
RR	25	18
Na	137	
K	4.8	
Cl	110	
CO_2	26	
BUN	8	
Cr	0.5	
Glu	85	
Pulse ox	89	94

Past Medical History/Surgery

- **T&A: age 7**
- **childhood asthma**

Family and Social History

Mother alive at age 57 with noncontributory history. Father alive at age 59 with history of hypertension and acute MI. Two male siblings 26 years and 30 years in good health. Works as a construction worker. Drinks 1-2 alcoholic beverages per day. Smokes 1 pack of cigarettes a day X 20 years.

Lifestyle

Lives with wife and 2 small children. Pt has a large support system of friends and colleagues. Active lifestyle includes golfing, softball and fishing. Pt reports lifestyle is not hampered by asthma. Reports several exacerbations of asthma per year requiring > 1 Proventil inhaler refill per month. Three oral steroid bursts in past 12 months. Pt tried to quit smoking (cold turkey) one year ago and failed.

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(continued)

Current Drug Therapy			
Drug Name/Dose/Strength/Route	Prescribed Schedule	Duration Start–Stop Dates	Compliance/Dosing Issue
1. Ciprofloxacin 400mg IV	**Q12h**	**5/3/01**	**Complete 7 day course**
2. Albuterol nebs	**Q2h**	**5/3/01**	**Wean as air exchange improves**
3. Methylprednisolone 40 mg IV	**Q6h**	**5/3/01**	**5 day burst**

Medications PTA
1. Ciprofloxacin 400 mg po BID
2. Proventil inhaler 2 puffs prn
3. Occasional Tylenol use

Allergies/Intolerances	Social Drug Use	Prescription Coverage
[X] **Amoxicillin- rash on trunk and extremities**	Alcohol: **1-2 drinks per day**	Cost of meds per month: **< $20.00**
Allergen: **reports increased difficulty with sinuses in spring and fall** Reaction: **sinus infection**	Caffeine: **3-4 cups of coffee, 3 Cokes daily**	Insurance: **private**
	Tobacco: **1 ppd x 20 yrs**	Copay **$10.00 per Rx**
		Medicaid NO
		Annual Income: **>$40,000**

Notes

PE:	Gen:	Pleasant male in obvious respiratory distress
	VS:	BP 120/73; P 120 (supine); RR 25; T 37.1°C Height 71", weight 84 kg
	HEENT:	Brown, purulent nasal discharge; sinus drainage noted in back of throat; complains of continued face pain, upper jaw tooth pain and headache
	Skin:	diaphoretic
	Neck:	No JVD, lymphadenopathy, or thyromegaly
	Cor:	tachycardic; normal S_1 and S_2, no S_3 or S_4; no m/r/g
	Lungs:	Expiratory wheezes
	Abdomen:	Deferred
	GU:	Deferred
	Extremities:	WNL
	Neuro:	A & O x 3

Impressions/Plan:

1. Admit to hospital for management of acute asthma exacerbation
2. Manage with albuterol, steroids, antibiotics for sinus infection

Admission Orders:

1. Admit to internal medicine service
2. Regular diet
3. Vital signs Q 2 hr
4. Meds:
    - Albuterol neb Q2h
    - Solu-Medrol 40 mg IV Q6h
    - Cipro 400mg IV Q12h

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PHARMACIST'S CARE PLAN

Priority	Problems & Needs	Pharmacotherapeutic Goals	Recommendations for Therapy	Monitoring Parameter(s)	Desired Endpoint(s)	Monitoring Frequency
1	Management of acute asthma exacerbation	1. Stop bronchospasm 2. Improve air exchange	a) Continue scheduled albuterol b) Adjust frequency of albuterol as oxygenation improves c) Provide antiinflammatory agent for acute symptoms	a) Respiratory rate b) Pulse oximeter c) Heart rate	a) Oxygen saturation > 93% b) Absence of side effects from albuterol nebs c) No wheezing d) Heart rate < 90 bpm	a) Pulse oximeter: continuous b) HR, RR: Q2H; space out as status improves c) Wheezing: Q2H; space out as status improves
2	Eradication of sinusitis	1. Eliminate acute infection 2. Relieve symptoms	a) Change antibiotic to agent with better URI coverage b) Maintain antibiotic for 10-14 days c) Reevaluate at end of therapy for absence of symptoms d) Add decongestant to help with sinus symptoms and promote drainage	a) Nasal discharge b) Patient report of symptoms	a) No infection b) No allergy to antibiotic c) Symptoms resolved	a) Daily while hospitalized b) End of antibiotic course c) Self-observation of symptoms throughout therapy
3	Prevention of future asthma exacerbation	1. Prevent further asthma exacerbations 2. Develop asthma action plan 3. Identify triggers 4. Manage allergic rhinitis 5. Introduce peak flow meter and keep in green zone	a) Start maintenance preventive therapy (Azmacort 8 puffs BID or equivalent) b) Start non-sedating antihistamine, consider prophylactic use to prevent flare-up of allergic rhinitis during sensitive times (spring and fall) c) Prevent influenza infection: yearly influenza vaccine	a) Number of exacerbations b) Frequency of rescue inhaler use c) Refill history (controller and relievers) d) Symptoms of rhinorrhea, sneezing, itching, nasal congestion e) Medication record (vaccine history) f) Peak flow record	a) Avoidance of triggers and exacerbations b) Minimal symptoms associated with rhinitis c) No influenza d) Minimal reliever medication use e) Green zone: peak flow meter	a) Patient self-observation of symptoms: daily b) Refill history: each refill c) Patient daily peak flow record
4	Smoking Cessation	Stop smoking	a) Join clinic support group b) Nicotine patch or Zyban	Self-report of smoking habits	Cessation	a) Daily self-observation b) Reinforce at each clinic visit
5	Asthma education	Provide detailed instruction regarding use and monitoring of reliever and controller medications and peak flow meter	Assist patient with completion of patient education program	Ability to answer a series of questions related to essentials of asthma management following completion of asthma education program, understands action plan; effectively demonstrates use of peak flow meter and inhaler technique	Working knowledge of asthma medications (relievers and controllers), patient plan for stepping up or stepping down therapy, and emergency plan	Demonstration of knowledge required throughout the course of therapy